M20000008849

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
JUL 2 € 2023				

Office Use Only



700409033647

05/32/28--01080--029 **/5.00

1023 MAY 22 PM 2: 53

SELECTARY OF STATE



Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831

, Austin, TX 78767

Phone. (800) 345-4647 Fax: (800) 432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

5/16/2023 FLORIDA

REP UNIT:

FETCH THE MOMENT, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33172 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605,0115,	Florida Statutes,	, the undersigned,	
Capito	l Corporate Servic	es, Inc.	, hereby resigns as	
	Name of Registered Agent			
Registered Agent for	F	ETCH THE	MOMENT, LLC	
<u> </u>		Name of the Limite	ted Liability Company	
M2000	0008849			
Document Nu	imber, if known	_		
A copy of this resignation	on was mailed to the abo	ove listed limited	d liability company at its last known address.	
The agency is terminate	\mathcal{M}	inued on the 31st	it day after the date on which this statement is filed	I.
lf signing on behalf of a	n entity:			
		ette Clevelan	ıd	
	Тур	ed or Printed Name		
	Assi	stant Secreta	агу	
		Capacity		
	FILING F \$ 85,00 \$ 25,00	Active limited li Administratively	iability company y dissolved/ ited liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)



2023 MAY 22 PM 2: E2